Burden Hour Statement: This form is estimated to take Chief Information Officer, Patent and Trademark Office Washington, DC 20231

12-20-	0	
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PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

torney Docket No.	TI-29

536 First Named Inventor or Application Identifier

Laurent A. Six

PTO/SB/05 (2/98)

Method and System for Providing Multi-Channel Functionality with a Telecommunication Device Comprising a Single Channel

Express Mail Label No.

EL645510190US

On Page 1 of the specification, before line 1, insert -This application claims priority under 35 USC § 119(e)(1) of provisional application number 60/258,818 filed 12/29/2000.--

APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents				ADDRESS TO: Assistant Commissioner for Pate Box Patent Application Washington, DC 20231			
Fee Transmittal Form		<u> </u>	6.		Microfiche Comput		1. ==
2. X Specification (preferred arrangement - Descriptive title of the	•	27	[]] 7.		eotide and/or Amino <i>i</i> plicable, all necessar		e Submission
- Cross References to			a. Computer Readable Copy				Сору
- Statement Regarding - Reference to Microfic	· · · · · · · · · · · · · · · · · · ·			b.	Paper (Copy (identical	to computer copy)
 Background of the Information Brief Summary of the 				c.	Statem	ent verifying ic	dentical of above copies
- Brief Description of the - Detailed Description				ACCOMPANYING APPLICATION PARTS			
Claim(s)Abstract of the Disclo	sure		8.	X	Assignment Papers	s (cover sheet	& Documents(s))
3. X Drawing(s) (35 USC d	113) [Total Sheets	2	J 9.		37 CFR 3.73(b) St (when there is an a		Power of Attorney
4. Oath or Declaration	[Total Pages	3] 10.		English Translation	Document (if	applicable)
a. X Newly Executed	d (original or copy)		11.		Information Disclos Statement (IDS)/P1		Copies of IDS Citations
	Copy from a prior application (37 CFB 1.63(d))						
[Note Box 5 below] 13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					503)		
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). DELETION OF INVENTOR(S) Statement filed in prior Status still proper and continuous (PTO/SB/09-12) Certified Copy of Priority Document(s)							
5. Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. A new statement is required to be entitled to pay small entity fees, except					l entity fees, except		
17. If a CONTINUING APPLICA	TION, check appropriate box a	and suppl			s been filed in a prior ap information below		
☐Continuation ☐ Prior application information		inuation	-in-part	(CIP)	· ·	applicatior Art Unit:	
	18. CORRES	SPONDE	NCE A	DDRE	SS		
Customer Number or Bar Code Label 23494 or Correspondence address below							
NAME ADDRESS							
CITY	STATE ZIP CODE						
COUNTRY	NTRY TELEPHONE (972) 917-5646 FAX (972) 917-4418					(972) 917-4418	
Name (Print/Type)	J. Dennis Moore	. <u> </u>	Registration No. (Attorney/Agent) 28,885			28,885	
Signature				•		Date	12/13/01

o Hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Hashington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application,

Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL	Complete If Known					
I LE ITANOMITIAL	Application Number					
Patent fees are subject to annual revision on October 1.	Filing Date	12/13/2001				
These are the fees effective October 1, 1997 Small Entity payments <u>must</u> be supported by a small entity statement,	First Named Inventor	Laurent A. Six				
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examiner Name					
	Group / Art Unit					

TOTAL AMOUNT OF	PAYMENT	(\$) 740.00	Attorney Docket No. TI-29536						
M	ETHOD OF	PAYMENT	FEE CALCULATION (continued)						
Deposit A		eby authorized to charge to the following	3.	ADDIT	IONAL	. FEES			
Deposit Account Number		20-0668	Large Fee Code 105	Entity Fee (\$) 130	Small Fee Code 205	Entity Fee (\$)		Description	Fee Paid
Deposit Account Name	Texas In	struments Incorporated	127	50	227	25	Surcharge - late filing fee Surcharge - late provisional filing fee or cover sheet.		
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·	EE CALC	JLATION	115	110	215	55	Extension for re	eply within first month	
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arge Entity Sma			117	950	217	475	Extension of tir	ne within third month	
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Code (\$) Coc	le (\$)		128	2,060	228	1,030	Extension of tir	ne within fifth month	
101 790 20°	1 395	Utility filing fee \$740	119	310	219	155	Notice of Appe		
106 330 206	5 165	Design filing fee \$	120	310	220	155		support of an appeal	
107 540 207	7 270	Plant filing fee \$	121	270	221	135	Request for oral hearing		
108 790 208	3 395	Reissue filing fee \$	138 140	1,510 110	138 240	1,510 55		tute a pubic use proceedin /e - unavoidable	g
114 150 214	4 75	Provisional filing fee \$	140	110	240	55	reution to reviv	re - unavolgable	
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2. EXTRA CLAI	M FEES		144	670	244	335			
		Est from	122 130 122 130 Petitions to the Commissioner						
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Total Claims 20	-20**= 0	x 18 = 0.00	126	240	126	240	Submission of	Information Disclosure Stn	nt
Independent 3	-3** = 0	x 84 = 0.00	581	40	581	40	Recording each patent assignment per properly (time number of properties)		
Claims Multiple Dependent	<u> </u>		146	146 790 246 395 Filing a submission after final rejection (37 CFR 1 129(a))			7		
**or number previously paid,	if greater; For F	Reissue, see below	149	790	249	395	For each additi examined (37 0	onal invention to be DFR 1 129(b))	
Large Entity Sma Fee Fee Fee Code (\$) Cod 103 22 203	e Fee e (\$)	Fee Description Claims in excess of 20	Othe	er fee (s _l	pecify)				
102 82 202	2 41	Independent Claims in excess of 3							
104 270 204		Multiple dependent claims in excess of 3							
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110 22 210	11	**Reissue claims in excess of 20 and over original patent	Other fee (specify)						
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SUBMITTED BY Complete (if applicable)				icable)					
		J. Dennis Moore						Reg Number	28,885
Typed or Printed Name		11//			Date			Deposit Account User ID	20,000
Signature						12/	13/01	,	j